

# Add or Change a Successor Account Owner

**Return this Form to:**

CollegeCounts 529 Fund  
P.O. Box 85290  
Lincoln, NE 68501

**Overnight Mail:**

CollegeCounts 529 Fund  
6811 South 27th Street  
Lincoln, NE 68512

If you have questions, please call us at **866.529.2228**, Monday–Friday, 7:30 a.m. to 6 p.m. (Central).

## 1. Current Account Information

Account Number: \_\_\_\_\_

Account Owner Name (First, Middle, Last): \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

## 2. Add or Change a Successor Account Owner

You may name a Successor Account Owner to take control of the Account in the event that the Account Owner dies or becomes legally incompetent.

Remove the current Successor Account Owner without designating a new Successor Account Owner

Add a new Successor Account Owner (Replaces the Successor Account Owner currently named on the Account.)

Successor Account Owner Name (First, Middle, Last): \_\_\_\_\_

Successor Account Owner Date of Birth (MM/DD/YYYY): \_\_\_\_\_

## 3. Authorization

By signing below, I certify that I am the Account Owner of the Account indicated on this form and that the information contained herein is true, complete, and correct. **This designation will replace the Successor Account Owner currently named on the Account.**

### Signature and Date Required

X \_\_\_\_\_  
Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee Date

\_\_\_\_\_  
Print Name Here

\_\_\_\_\_  
Title (if other than an individual)



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